

01/31/02



PTO

02-02

A

PTO/SB/05 (03-01)

Please type a plus sign (+) inside this box ☐Approved for use through 10/31/2002. OMB 0651-0039
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No. EGYPSA 3.0-006	
(Only for new nonprovisional applications under 37 CFR 1.53(b))		First Inventor Pierre Legrain	
		Title IDENTIFICATION OF THE ANTI-o28, etc.	
		Express Mail Label No. EV064373420US	
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: Box Patent Application Commissioner for Patents Washington, DC 20231	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)	
3. <input checked="" type="checkbox"/> Specification [Total Pages 38] (preferred arrangement set forth below) <ul style="list-style-type: none">- Descriptive title of the invention- Cross Reference to Related Applications- Statement Regarding Fed sponsored R & D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure		a. <input type="checkbox"/> Computer Readable Form (CRF)	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 9]		b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper	
5. Oath or Declaration [Total Pages] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).		c. <input type="checkbox"/> Statements verifying identity of above copies	
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		ACCOMPANYING APPLICATIONS PARTS	
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: Prior application information: Examiner Group / Art Unit:		9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.		10. <input type="checkbox"/> 37 CFR 3.73(b) Statement [Power of (when there is an assignee) Attorney	
19. CORRESPONDENCE ADDRESS		11. <input type="checkbox"/> English Translation Document (if applicable)	
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		12. <input type="checkbox"/> Information Disclosure [Copies of IDS Statement (IDS/PTO-1449 Citations	
000530		13. <input type="checkbox"/> Preliminary Amendment	
or <input type="checkbox"/> Correspondence address below		14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
Name		15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	
Address		16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.	
City		17. <input checked="" type="checkbox"/> Other: Unexecuted Declaration	
Country			
Telephone			
Fax			
Name (Print/Type) Shawn P. Foley		Registration No. (Attorney/Agent) 33,071	
Signature <i>Shawn P. Foley</i>		Date January 31, 2002	

Express Mail Label No. EV064373420US Dated: January 31, 2002

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2002</h3> <p style="margin: 0; font-size: small;">Patent fees are subject to annual revision.</p>		Compl te if Known	
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</div> <div style="display: flex; justify-content: space-between; border-top: 1px solid black; border-bottom: 1px solid black; padding: 2px 0;"><div>TOTAL AMOUNT OF PAYMENT</div><div>(\$) 1,334.00</div></div>		Application Number	Not Yet Assigned
		Filing Date	
		First Named Inventor	Pierre Legrain
		Examiner Name	Not Yet Assigned
		Group Art Unit	FR
TOTAL AMOUNT OF PAYMENT		Attorney Docket No.	EGYPSA 3.0-006
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><input checked="" type="checkbox"/> Deposit Account</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Deposit Account Number: 12-1095</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Deposit Account Name: Lerner, David, Littenberg, Krumholz & Mentlik, LLP</div> <p style="font-size: small; margin: 0;">The Commissioner is hereby authorized to: (check all that apply)</p> <div style="display: flex; justify-content: space-between; margin: 0;"><div><input checked="" type="checkbox"/> Charge fee(s) indicated below</div><div><input checked="" type="checkbox"/> Credit any overpayments</div></div> <div style="display: flex; justify-content: space-between; margin: 0;"><div><input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application</div><div><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.</div></div>			

Express Mail Label No. EV064373420US Dated: January 31, 2002